TE-07/385



1300 S. Evergreen Park Dr. SW P.O. Box 47250 Olympia, WA 98504-7250 Phone: 360-664-1222 Fax: 360-586-1181 TTY: 360-586-8203 or

1-800-416-5289 E-mail: Transportation@wutc.wa.gov

## APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICE CERTIFICATE Fee: \$200.00

111 0268 232 01 11.000 000 051 Q	Company ID:	4052	CHA #:
111 0268 232 02	Date Filed: U	28/01	Safety Inspection:
111 0268 232 03	Reg. Fees:	) t	Insurance:
111 0268	DOL: O		SOS: O
M #099589			Docket TE-
Name of Applicant:C  Trade Name(s) (if applicable):(	harter Br GLM C	us Sruc & harters	Repair, Inc.
Mailing Address:			Physical Address:
Street P.O. Box 904	Street	5104 8	5th Ave E. B-5
City Sunger	City	Punall	up .
State/Zip WA 98390	State/Z	ip WA	98371
Phone Number: 253 891	<i>०३</i> ,१४	_ Fax Numbe	r: None
UBI#: 602 720 24;	500	E-Mail: <u>Ç</u>	In Charter bus @hotmail.
Type of business structure:			
☐ Individual ☐ Partnership	Corpo	oration 🗆 (	Other (LP, LLP, LLC)
List the name, title, and percentage of pa	artner's share or st	ock distribution for	major stockholders:
Name: Gary Miller 7	Title:	Stock Distri	oution or Percentage of Shares:
Gary Oster IV	ce Pres		
Jim Radford II	Vice Pres		

DRIVING OF COMMERCIAL MOTOR VEHICLES	S (Title 49, Code of Federal Regulations Part 392)
Name:	Position:
PARTS AND ACCESSORIES NECESSARY FOR SA Regulations Part 393)	
Name: Gary L. Miller OPERATIONAL R	Position:
OPERATIONAL R	ESPONSIBILITIES
List the person and position responsible for understanding shown below.	g and complying with the requirements of each category
<b>REGULATORY FEES</b> Charter and excursion carriers n by December 31 of each year.	nust file an annual safety report and pay regulatory fees
Name: Rokin Miller	Position:
CUSTOMER SERVICE Person responsible for custome	er service complaints, and customer notice requirements.
Name: Rutham Bacon	Position:
state of Washington General Laws, Rul doing business in the state of Washington must comply we such as, but not limited to: Department of Labor and Indu Department of Licensing (vehicle and drivers licenses, but State (corporate registrations); Department of Revenue are Security.	with the regulations of local, state, and federal agencies astries (industrial insurance, safety, prevailing wage); usiness licensing, fuel permits, fuel tax); Secretary of
Name: Gary L. Miller	Position:
7	
DECLARATION	OF APPLICANT
I understand that filing this application does not in itself of excursion carrier.	constitute authority to operate as a passenger charter and
As the applicant for a passenger charter and excursion cerexcursion carrier, and I am in compliance with all local, s state of Washington.	rtificate, I understand the responsibilities of a charter and tate, and federal regulations governing business in the
I certify under penalty of perjury under the laws of the sta application is true and correct.	ate of Washington that the information contained in this
I certify that I am authorized to execute and file this docu-	ment.
Printed name of applicant:	Jogan Miller
Signature of applicant:	
Date, County, State: 27, 200	7 Tierce WA
V	I



## PASSENGER CHARTER/EXCURSION SERVICE CARRIER OF PASSENGERS 2006 REGULATORY FEE

PHONE 360-664-1222

FAX 360-586-1181

1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250

The UTC has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133 or TTY 360-586-8203.

## INSTRUCTIONS:

- 1. Complete both sides of the form.
- 2. Include payment of the \$11.00 per vehicle fee. If renewing by mail, DO NOT SEND CASH. Payment may be made by check, money order, or credit card.

<ul><li>This receipt for regulatory fees paid will expire December 31, 20</li><li>This receipt must be kept at your principal place of business, sub</li></ul>		Commission person	nnel.	
CHESICC/MCDOT	FOR COMMISSION	USE ONLY		
Applicant Name GLM Charter Rus	Reception Number			
Sorvice and Ropair, Inc	111 0268 232 01		111 0268	<del>-</del>
d/b/a GLM Charters	111 0200 232 01		111 0200	
	Carrier ID			·
MAILING ADDRESS: 904	PHYSICAL ADDRESS: Street O Box	5/04 85th	10 & R	
City, State/Zip Sumner WA 9 8350		) 11	Wr Si	४८७।
Telephone 253 891 0298 FAX.	511y,514t63 <b>2</b> ,p	Smailal - chart		
TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL				
Money Order	• • •	<b>S</b>	•	
Charge to: ☐ AMEX ☐ DISCOVER ☐ VISA ☐ MASTER CARD				
Card Number:				Expiration Date  Month Year
			xx	
REGULATORY FEES:	<u> </u>			<u> </u>
Number of Vehicles: X \$11.00 Fee = \$				
☐ I hereby declare that the authority is no longer being used and is hereby surrendered to the	e Commission for cancellation	on		
$\mathcal{A}$				
Signature Date Une 27, 2007				
FOR COMMISSION APPROVAL ONLY:				
By signature below, this authorizes the above named passenger charter or excursion public roadways of Washington State.	n service certificate noide	r to operate vehicles for	which tees have i	been paid, over the
			_	
Customer Service Representative Date				
Compliance Issues:				
→ → → → → → → → → → → → → See R	everse ++++	<b>+++++</b>	<b>++++</b>	- ←

Non	٩		

## **EQUIPMENT LIST**

		·	· · · · · · · · · · · · · · · · · · ·
License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
	1988 MCI		50
	100		30
In cools of the cotton wine of		OPERATIONS	1 1 1 1 1 1
with the Federal Motor Car	nown below, list the person an rrier Safety Regulations (FMC	d position responsible for unc	derstanding and complying
the WAC rules, fact sheets	, and publication "Your Guide	e to Achieving a Satisfactory S	Safety Rating" for assistance
with requirements.			savely reasons for assistance
		PONSIBILITIES	
COMMERCIAL DRIVE	R'S LICENSE (CDL) STAN	DARDS REQUIREMENTS	S AND PENALTIES (Title
49, Code of Federal Regula	ations Part 383) Any driver w	ho operates a vehicle that mee	ets the definition of a
Commercial motor vehicle	must have a valid CDL.	Position:	- 00-
	MERICA		Office
DRIVER QUALIFICATI	ION REQUIREMENTS (Tit	le 49, Code of Federal Regula	ations Part 391) Driver's
each driver.	fication requirements and each	i company must maintain driv	er qualification files for
Name: 7 4		Position:	· · · · · · · · · · · · · · · · · · ·
Culhour		1 : : : : : : : : : : : : : : : : : : :	
DRIVERS HOURS OF S	<b>ERVICE</b> (Title 49, Code of F	rederal Regulations Part 395)	Drivers must maintain logs
and each company must ma	aintain true and accurate hours		nver.
Name: Ruthan	Racon	Position:	
CONTROLLED SUBSTA	ANCE AND ALCOHOL US	E AND TESTING (Title 49,	Code of Federal
	persons who drive commercial		
	e and Testing program that is i		
	Citle 49, Code of Federal Regu FMCSR governing alcohol us		
49 Code of Federal Regula	tions Part 382 and Title 49 Co	se and controlled substances to de of Federal Regulations Par	esting requirements (1)the
Name: Dala S	.ions rait 502 and raic 45 CC		TI +0).
iname. I J I 🤏		Position:	
100012	L. Miller	<u></u>	
INSPECTION, REPAIR	AND MAINTENANCE (Tit	l le 49, Code of Federal Regula	
INSPECTION, REPAIR		l le 49, Code of Federal Regula	
INSPECTION, REPAIR	AND MAINTENANCE (Tit	l le 49, Code of Federal Regula	
INSPECTION, REPAIR carrier shall systematically Name:	AND MAINTENANCE (Tithinspect, repair, and maintain a	le 49, Code of Federal Regula all motor vehicles subject to in Position:	es control.
INSPECTION, REPAIR carrier shall systematically Name:	AND MAINTENANCE (Tithinspect, repair, and maintain a	le 49, Code of Federal Regula all motor vehicles subject to in Position:	es control.